

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Pachia
District _____
Town _____
Or City Benson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 1

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 941

Local Registrar's No. _____

No. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Charles Francis Moss

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race ☒ White ☐ Indian ☐ Black ☐ Chinese ☐ Mexican ☐
SINGLE ☐ MARRIED ☒ married
WIDOWED ☐ or DIVORCED ☐

DATE OF BIRTH June 27 1871
(Month) (Day) (Year)

AGE 49 yrs. 4 mos. 6 days If less than 1 day _____
hrs., or _____ min.

OCCUPATION
(a) Trade, profession or particular kind of work Business man
(b) General nature of industry, business, or establishment in which employed or (employer) Coal and Ice Co
Drug Store

BIRTHPLACE (State or country) Mossville Penn

NAME OF FATHER Marion Francis Moss

BIRTHPLACE OF FATHER (State or country) Penn.

MAIDEN NAME OF MOTHER Rebecca Bird

BIRTHPLACE OF MOTHER (State or country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. F. Moss

(Address) Benson, Ariz

PLACE OF BURIAL OR REMOVAL Benson

DATE OF BURIAL OR REMOVAL _____

UNDERTAKER _____

ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1920
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 1919 to May 1920; that I last saw him alive on May 6 1920, and that death occurred on the date stated above at 12:30 PM

The DISEASE or INJURY causing Death was as follows: Malignant tumor of the lung

(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

(Signed) Geo. J. Fuller, M.D.

May 7 1920 (Address) Benson, Ariz

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE At place of death 16 yrs. _____ mos. _____ ds. In Arizona 25 yrs. _____ mos. _____ ds.

Former or Usual Residence Pennsylvania

Filed May 8 1920 R. E. Franklin Local Registrar

Filed June 8 1920 H. Reese County Registrar